CLAIMS ONLY		Application Number	Filing Date
		1069 1740	10-22-04
		Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1	\						51							
2		/					52							
3		/					53							
4							54							
5	\	/					55							
6							56							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	3						Total Indep							
Total Depend	10						Total Depend							
Total Claims	13						Total Claims							